

Hiv aids in african american women



HIV stands for Human Immunodeficiency Virus that attacks the immune system. This virus causes AIDS and interferes with the body's ability to fight off infections. Majority people develop flu-like symptoms within a week or two after the virus has entered the body. These symptoms contain fever, headache, muscle aches, rash, and a sore throat. HIV spreads through fluids such as blood, semen, vaginal and rectal fluids. This virus also spreads through needles. HIV is diagnosed mostly by the testing of saliva and blood for antibodies to the virus. One primarily used treatment is medications that are prescribed by the doctor. Resources are available for individuals that are dealing with this virus such as counseling, joining a support group, and stress-free activities. African American women are one of the highest targeted ethnicity groups for HIV/AIDS. These women suffer from this virus for the rest of their lives, or some do not know that they are infected with HIV/AIDS.

The HIV/AIDS African American women population will impact health services administration and management in many ways. There will be a lot of planning, organizing, directing, and controlling in the health services. Health care administrators and management will educate populations at risk or living with HIV about effective tools, encourage people to learn their HIV standing and remain a believer to HIV treatment or prevention that is the most effective for these individuals. Organizations will support local and state health sectors and community-based facilities and clinics that offer HIV prevention and care services that include re-enforcing care for people who do not attend these services. They also want healthcare workers to improve efforts to decrease the chances that people miss for HIV prevention

counseling, testing or association to HIV care. These organizations also want to embrace policies to help find and re-involve those people who are no longer under care anymore.

Today, most African American women do not have any insurance. These women are uninsured based off their income or just because they do not know how to get insured. Women that are affected with this chronic virus (HIV/AIDS) tend to suffer because they lack insurance. This has no certain impact on insurance rates because most of these women are not covered anyway. Some insurance companies do not pay for the cost of HIV/AIDS prescription meds. Women with no or little insurance have to deal with this virus for the rest of their lives. The insurance rates improve based off the amount you pay monthly, income of the owner, and the number of people on the policy. African American women tend to be treated or looked at differently based off the past or having a chronic virus such as HIV.

Employees or Employers cannot be affected by this physically, but they can be emotionally. HIV/AIDS is one of the worst viruses that someone has to deal with. This virus can affect you mentally, emotionally, and physically. Employees can be affected by it by having to deal with the patient's and the way they cope with it. Employees also can be affected when they have to tell a patient that they are positive for this virus. Employers can be affected by this by the reputation they hold for HIV/AIDS patients. These employers need to try to be the best to help and comfort these patients with this virus. The patients tend to look for the best employer when they are suffering for something so horrific. Both the employee and employers are affected and need to focus on the best thing to help patients to get over this horrible time.

HIV/AIDS burden estimate rates are obtained from the Global burden of disease. The Global Burden of Disease is a comprehensive assessment estimated 291 diseases and injuries from 1990 to 2010. In the last few decades, HIV has been one of the significant health challenges around the world. HIV is the leading cause of burden and mortality. Burden and Mortality have increased massively since 2004. The difficulty for HIV/AIDS differs across each demographic area and regions. The CDC provides a cost-effective analysis of the cost of HIV. The cost-effectiveness analysis is a program that is designed to evaluate the value and outcome of the intervention. A vast part of the financial weight of HIV/AIDS is the medicinal expenses of treating people with HIV. Medicinal cost gauges are regularly founded on human services usage by people with HIV illness. The costs related to social insurance usage in every illness organize summed over all sickness stages from contamination to death. The average yearly expense of HIV care in the ART period was assessed to be \$19, 912 (in 2006 dollars; \$23, 000 in 2010 dollars). The latest distributed gauge of lifetime HIV treatment costs was \$367, 134 (in 2009 dollars; \$379, 668 in 2010 dollars).

According to HIV. GOV, people living with HIV/AIDS can live a healthy normal life if they are receiving adequate treatment. Many people living with this illness can continue with their careers. As an employee living with HIV and AIDS, people have a right to continue their employment to remain in that workforce and receive many benefits and everything that job has to offer to any other employee and equal right employee opportunities. There are several locals, state, and federal laws that determine how employers design workplace programs for employees with HIV/AIDS; however, many are

African American women. Individuals with this disease can request for accommodations at their place of employment. An accommodation could be something simple as a different type of chair so that the employee can be comfortable at the workplace. An additional modification could be changing of a job schedule. People with HIV are constantly being seen by healthcare providers to check on their health status. So, the employees may have to miss certain days and be scheduled a bit different than other employees. Supervisors may not be trained to give additional support to those who have HIV. It is up to management to create positive and supportive environments when they find out that a person lives with this illness.

Leadership however, is very important among management to protect that person who lives with HIV to have a productive and safe work zone. It is best that employees consult with the Human Resources department at their job. Individuals need to be employed to have financial stability. Working a lot will affect many different aspects in a person's life who deals with this disease. Many people with this disease are often encouraged by HIV counselors, The Social Security Administrations Work Incentives Planning and Assistance Program, and employers at jobs to seek out information that would accommodate their needs status. According to the CDC disclosing status could create supportive relationships with co-workers. It also could create a negative environment disclosing to colleagues and coworkers for the time being. It is that person's decision to determine which outcome is more realistic in terms of disclosing status. Employees with HIV/AIDS are protected by law under the Americans with Disabilities Act (ADA) of 1990 from discrimination in employment. This law protects all individuals with HIV to be

protected from any discrimination. Many African American women faces discrimination in the workplace already. So, this event of them having HIV makes matters worse. Provisions under this law include hiring, work procedures, job training, and compensation all fall under this act. Many places of employment refuse to hire a HIV positive person also refuse to promote and advance those who are affected by this disease. There are many emotional obstacles that are faced by women who have HIV. Many African American are single mothers. HIV/AIDS affects staffing because those who carry this disease are often very ill and sometimes can't come in to work because their health is declining. People with HIV have many doctors' appointments they must attend too. Also, being terminally ill affects your work ethics. There will be many times where the management staff needs to be fully staff just in case that person cannot come in today because of their illness. It is always an idea to be fully staffed and have dependable staff when you have an HIV positive employee working at your businesses.

Furthermore, Ethics play a vital role in this HIV/AIDS because the privacy of women with this illness needs to be protected. Ethics is universal ethics applies to either employee or employer. It would be very unethical if a woman at a place of employment discloses her being positive for HIV/AIDS and her coworker discloses that information with other co-workers. If this scenario was to play out the employee can face penalties or could be written up for confidentiality reasons or maybe even terminated. Same way with a person of management that employee's right should be protected. They need to be able to live in peace and not be judged because of a disease. Many people have negative connotations behind people with HIV/AIDS.

People seem to treat them differently. However, fear can also lead people into fearing people who are living with HIV/AIDS. When people do not have accurate information about a certain topic, they place stigmas against those infected. Ethics should be used in handling persons who have this illness such as hiring and treating them fairly.

As far as professionalism goes, professionalism must be inside every workplace for things to run smoothly. People living with this virus should be responsible enough to disclose their status with their employers. Many employers need to be aware of all their employee's status. People are afraid of what others may feel about them and they might feel like they might get fired because of their status. Also, employers should be professional as far as being discreet about keeping that employees issue confidential. As a supervisor or a manager, it might be a great idea to educate yourself on how to deal with issues related to HIV. It could also might be a great idea to educate employees also about ethics such as medical confidentiality and reasonable accommodation. Everyone should be trained on the workplace HIV/AIDS policies, and about awareness programs that are offered.

Displaying cultural competence in dealing with HIV/AIDS will let people know that the work setting has rules and policies that each employee should follow dealing with HIV/AIDS. The key components for developing the components of cultural competence is awareness, attitude, knowledge, and training. Promoting a safe environment with produce positive worker productivity. Additionally, ethics, professionalism, and cultural competence all tie in together and are related because these will always be used to create a better work environment. If employees are adequately trained and

consistently reminded of policies everything should be great. As a professional, it should be essential to maintain healthy habits in the workplace in the workplace environment. It is important to meet the needs of each employee with disabilities.

Moreover, the social determinants of health have a lot to do with African American women who have HIV/AIDS. According to Monica Melton, the social determinants of health describe the interrelationship between cultural, economic, and political elements that facilitate vulnerability for HIV infection (Melton 2014). However, more determinants would be behavior, genetics, environment, and medical care. Some examples of the behavior determinant would be the use of alcohol and drugs, smoking, and unprotected sex.

Behavior is a significant factor when it comes to these women who have the disease. According to the Intervention Strategies for AIDS/HIV Prevention Among African Americans, African American Women are likely to have suffered childhood sexual abuse (Calderia et al., 2009). Women who experienced sexual abuse during their childhood, often live with that for the rest of their lives. Women who are traumatized from the violence, tend to use alcohol and drugs as a way to cope with their emotion or they will turn to prostitution. Another example of behavior would be refusing to get medical attention. Some women refuse to seek help or treatment once they find out they have the disease. They would instead become depressed, struggle, and then eventually end up dying from the disease. However, sex and age would be examples of genetics, meaning a child can develop the infection while still being in her mother's womb. Examples of environment would be where a person lives or works. Some women could be homeless, living in a poor rural

area, or also even incarcerated. Lastly, an example of medical care would be their access to health care such as Insurance. African American women also have a hard time being able to get the medications they need because some are not able to afford Insurance or the medications without insurance.

Moreover, all of those determinants of health have everything to do with African American women who have HIV/AIDS.

Even though HIV deals with the social determinants of health, the health systems are doing everything they possibly can to help with this disease.

One way is that there are several different prevention groups to help these women. These groups are made to teach young and old adolescents about practicing safe sex. An example of that would be to use a condom whether it is a male or female one. Another factor would be providing free screenings to get tested for HIV. Another example would be social media. A lot of people and businesses use social media to brand themselves and also get the word out. Some media campaigns are designed to promote healthy behaviors such to increase HIV knowledge, encourage testing for HIV, and also help condom use (Calderia et al., 2009). However, there is also a couple of prevention which is for both the woman and her partner. The couple prevention is a safe environment as well as an excellent way to promote practicing safe sex to both the female and male. The prevention is also for being able to talk about specific issues while the male partner is present meaning that if the male partner is forcing the woman to have sex with him. Majority of today's HIV cases are due to women being afraid to make their male partner use a condom. Women worry that if they ask their partner to use a condom, it will cause them to separate because the male will think the

woman will be accusing him of being unfaithful (Bloom-DiCicco, 2017).

However, some women choose not to use a condom because they trust that person. Several women trust their partner well enough that they do not believe in using condoms. Some women put their lives at risk because they feel like if they are in love with each other, then there is no use of using a condom. They expressed that using condoms and protecting themselves from HIV was unnecessary (Bloom-DiCicco, 2017). A woman has the mindset that if she trusts her partner well enough and she knows that he is not messing around then she knows she will never get HIV. However, not using a condom or practicing safe sex does not only causes HIV, but it also causes herpes, chlamydia, syphilis, or even HPV. In the end, the health systems have come up with several different ways to handle and prevent HIV from occurring; however, it is up to the women if they want to be healthy or not.

There are a lot of services that the Healthcare Organization has had to put in place to help address the issue with African American women who have HIV/AIDS. For example, the HRSA which stands for the Health Resources and Services Administration created the AIDS Service Demonstration Grants. However, these grants provided financial and political capital to the people who are delivering HIV care on the ground (Wilson, n. d.). The HRSA was trying to find a way to help support the clinicians who were out helping as many HIV patients as they could; however, to do that, the clinicians need the funding to be able to do so. Furthermore, the Ryan White HIV/AIDS Program has also taken the time out to provide care as well. Many of the provider sites are medical homes which offer patients a continuum of care that includes HIV primary care along with support and services all under one roof

(Wilson, n. d.). The program is designed to make sure that every patient dealing with the disease can get the proper help and care that they need. These medical homes, however, are not designed and set up like hospitals because they want their patients to feel comfortable. The HRSA intends to ensure that the people can trust.

In the United States, research states that African American women are disproportionately affected by HIV/AIDS. In the African American community, HIV/AIDS is an epidemic. The CDC used many targeted communication campaigns to combat HIV/AIDS in African American communities. The mass media uses structured measures to spread HIV/AIDS information as sources, media initiatives, and HIV prevention messages. Process measures are needed in research in communities at risk to determine the formats and channels to deliver information to targeted communication campaigns. Outcome measures can help in the multifaceted approach to end HIV/AIDS disparity affecting African American women (Arya, M., Behforouz, H. L., & Viswanath, K., 2009).

In the late 1990's, President Clinton declared HIV/AIDS to be a crisis in the African American community. In America, African American women infection rates were measured at 60% of HIV/AIDS cases among women. In the U. S. Population, African Americans make up 13% of it and nearly 50% of all HIV/AIDS cases. Groups, teams, and committees were put in place to organize programs to help African American women living with HIV/AIDS. Data in the United States shows that African Americans represent only 13% of women in this country. Healthcare organizations are a resource for people with HIV/AIDS. Statistics show that HIV infection is the leading cause of death

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for African American women aged 25 to 34 years. Heterosexual transmission is the leading cause of positive infection for African American women in the United States (Arya, M., Behforouz, H. L., & Viswanath, K., 2009).

African Americans affected by HIV disease use healthcare programs to maintain health status. Research data collected shows African Americans comprise 38% of Mississippi's population. African Americans' data measured 78% of all newly diagnosed cases in 2010. Disease reports state HIV diagnosis rates of African Americans in 2010 were eight times that of other races. Since 2007, the HIV disease diagnosis among women in Mississippi has steadily decreased. In 2010, Healthcare organizations information shows women represented 23.9% of newly diagnosed HIV disease cases.

Mississippi's advancement in HIV prevention efforts, treatments, and therapies have helped healthcare organizations better structure division of work. In Mississippi between the years 2008-2009, only 42% of residents had insurance through their employers. There are more Mississippians that are on Medicaid compared to other states. Healthcare organizations have to be goal-oriented, coordinated and linked to external environments. African American women living with HIV/AIDS have to have reliable resource programs that work in their everyday lives. In the state of Mississippi, rates show 22% receiving Medicaid benefits compared to the national average of 16%. Out of all of the rules, Mississippi is one of the states that have the highest percentage of residents living in poverty nationwide and statewide. African American women living with HIV/AIDS who live in poverty have to have government funded programs to maintain treatments. The median

household income was \$36, 851, and the median family income was \$45, 484 in Mississippi.

AIDS Diagnosis, 2010, by metropolitan statistical area of residence- United States

Area of residence	Estimated No.	Rate	Rank
No.		Ran	No.
		k	
Baton Rouge, LA	245	264	33. 7
Miami, FL	1, 436	1, 681	30. 3
Jackson, MS	134	158	29. 2
Baltimore-Townsend, MD	514	721	26. 8
New Orleans-Metairie-Kenner, LA	279	311	26. 2

Source: Centers for Disease Control and Prevention. HIV Surveillance Report, 2010; vol. 22. Published March 2012. Accessed Apr 2012.

Through medical data collected in 2015 in the state of Mississippi, 204 people died of HIV/AIDS. The mortality rate of people with HIV in 2015 per <https://assignbuster.com/hivaids-in-african-american-women/>

100, 000 people is 8. Programs were put into places such as MBK South and other disease prevention programs to lower the risk. The number of new HIV diagnoses in 2016 reached 424 in the state. More healthcare organizations created jobs to manage the task, maintenance, and personal roles. In the state of Mississippi, the rate of new HIV diagnoses in 2016 per 100, 000 people was 17. The percentage of Black females living with an HIV diagnosis is 9. 6 times that of White women (“ Local Data of Mississippi,” 2018).

HIV Federal Funding/Programs, Federal HIV/AIDS Grant Funding, FY 2016

Centers for Disease Control & Prevention:

\$6, 592, 489

Substance Abuse & Mental Health Services Administration:

\$299, 319

Ryan White HIV/AIDS Program:

\$25, 191, 248

Housing Opportunities for Persons With AIDS:

\$2, 456, 198

TOTAL FUNDING:

\$34, 539, 254

CDC data collected by programs shows an estimated number of 37, 600 HIV/AIDS infections that have been diagnosed each year. The United States

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government took a federal approach to reduce new HIV infections. The government created scientific evidence using studies to make informed decisions. Resources were used to establish strategies to help the populations at highest risk. The data the government collected was used to create new programs to prevent new HIV infections, lower diagnosis, and create care treatments for those who are living with HIV/AIDS. African American women who have achieved viral suppression live a longer life. Target prevention resources are the most effective prevention strategies if well prioritized and widely implemented (“ HIV Prevention Activities,” 2017).

The Federal government strongly supports a range of services for reducing risky behavior. These government-funded programs include substance abuse treatment, behavioral health services, housing assistance, transportation, and other services to address risks with HIV transmission. State funding is used to create evidence-based approach programs. Mass media campaigns, behavioral interventions, and different strategies are made to increase safe sex. Education and training in management create a culture to help health care providers use activities that can improve community-based organizations (“ HIV Prevention Activities,” 2017).

Congress in 1999, created resources for the CDC. The Secretary’s Minority AIDS Initiative Fund (SMAIF) became a resource awarded to agencies. The funding helps community-based organizations improve the quality of care. SMAIF money is there to play a role in developing the prevention and care for ethnic minorities. SMAIF supports demonstrations and projects that serve in innovations (“ HIV Prevention Activities,” 2017). The National Minority AIDS Council (NMAC) was created to help minority faith and community-

based organizations serve AIDS service organizations and health departments. The mission was to decrease challenges for people with HIV/AIDS in African American communities. Homelessness, housing, jail and poverty in African American communities are big problems for some people living with HIV/AIDS. The United States government needs more policy reforms that establish routine HIV testing upon prison entry and release (“African American, Health,” 2006).

References:

- African Americans, Health Disparities and HIV/AIDS. (2006). *National Minority AIDS Council*. Retrieved from: <http://www.nmac.org/wp-content/uploads/2012/08/African-American-health-disparities-and-HIV-AIDS.pdf>
- Arya, M., Behforouz, H. L., & Viswanath, K. (2009). African American women and HIV/AIDS: a national call for targeted health communication strategies to address a disparity. *The AIDS reader*, 19 (2), 79-84, C3.
- Bloom-DiCicco, B. & Royce, C. F. (2017). Beyond knowledge and agency: HIV risk for women of color in HIV-dense neighborhoods. *J Womens Health, Issues Care*, 6(2), 1-7.
- Calderia, N. A., El-Bassel, N., Gilbert, L., & Ruglass, L. M. (2009). Addressing the unique needs of African American women in HIV prevention. *American Journal of Public Health*, 99(6), 1-6.
- Centers for Disease Control and Prevention. HIV Surveillance Report, 2010; vol. 22. Published March 2012. Accessed Apr 2012.

- HIV Prevention Activities. (2017). *HIV. gov* . Retrieved from: <https://www.hiv.gov/federalresponse/federal-activities-agencies/hiv-prevention-activities>
- Local Data of Mississippi. (2018) *AIDSVU. ORG* Retrieved from: <https://aidsvu.org/state/mississippi/> HIV Prevention Activities. (2017). *HIV. gov* . Retrieved from: <https://www.hiv.gov/federal-response/federal-activities-agencies/hiv-prevention-activities>
- Melton, M. L. (2014). African american women, HIV/AIDS, and human rights in the U. S. *School of Law: Case Western Reserve University*, 9(1), 1-25.
- Wilson, P. (n. d.) Addressing HIV among african-americans. *U. S Department of Health and Human Services: Health Resources and Services Administration*. 1-14.